PTO/SB/05 (08-03)
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## UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.	03-184	—————————————————————————————————————
First Inventor	Coldren	
Title	Fuel Injectior With Auxiliary Valve	223
Express Mail Label No.	EL 995369708 US	

See MFPC chapter 600 conceming utility patient application contents.   Concentration   Conce	APPLICATION ELEMENTS						ADDRESS TO:  Mail Stop Patent Application Commissioner for Patents P.O. Box 1450					
See Transmittal Form (e.g., PTO/SB/17)   Submar an original and applicate for the processing   Applicant claims small entity status, See 37 CFR 1.7.   CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)   Southern CRF 1.7.   CD-ROM or CD-R (2 copies); or increase a computer program issing appendix or copy   Detailed Description   Detailed Description   Claim(s)   Detailed Description   Detailed Description   Claim(s)   Detailed Description   Claim(s)	See MPEP c	hapter 600 cond	ceming utility pater	nt application c	ontents.	P.O. BOX 1450						
Specification   (Total Pages   21   1)	2. A	Submit an original a applicant claim	and a duplicate for fe s small entity st	e processing)		7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission						
Abstract of the Disclosure  4. Drawing(s) (35 U.S.C.113)	3. \( \simeq \)	pecification oreferred arrange Descriptive title Cross Reference Statement Regareference to seor a computer publication of the Summary of Brief Summary of Brief Description Detailed Description Detailed Description	ement set forth be of the Invention e to Related Appli rading Fed sponso quence listing, a trogram listing app he Invention of the Invention of the Drawings	cations red R & D able, endix	21 1	a. ☐ Computer Readable Form (CRF) b. Specification Sequence Listing on: i. ☐ CD-ROM or CD-R (2 copies); or ii. ☐ Paper c. ☐ Statements verifying identity of above copies  ACCOMPANYING APPLICATIONS PARTS  9. ☒ Assignment Papers (cover sheet & document(s)) 10. ☐ 37 C.F.R. 3.73(b) Statement ☒ Power of						
5. Oath or Declaration			Disclosure			11.	English Tra	anslation Doc	ument (if applicable)			
a.			·	-		12. 🛛						
b. Copy from a prior application (37 CFR 1.63 (d))					3 ]	13. 🗆		` '				
Copy from a pinc application (37 CFR 1.53 (d))   (Should be specifically itemized)   (For a continuation/divisional with Box 18 completed)   15.   Certified Copy of Priority Document(s)   (if foreign priority is claimed)   15.   Certified Copy of Priority Document(s)   (if foreign priority is claimed)   15.   Certified Copy of Priority Document(s)   (if foreign priority is claimed)   15.   Certified Copy of Priority Document(s)   (if foreign priority is claimed)   15.   Certified Copy of Priority Document(s)   (if foreign priority is claimed)   15.   Certified Copy of Priority Document(s)   (if foreign priority is claimed)   15.   Certified Copy of Priority Document(s)   (if foreign priority is claimed)   15.   Certified Copy of Priority Document(s)   (if foreign priority is claimed)   15.   Certified Copy of Priority Document(s)   (if foreign priority is claimed)   15.   Certified Copy of Priority Document(s)   (if foreign priority is claimed)   15.   Certified Copy of Priority Document(s)   (if foreign priority is claimed)   15.   Certified Copy of Priority Document(s)   (if foreign priority is claimed)   (if forei	_	•				14. 🔯		•				
i. □ DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. □ Application Data Sheet. See 37 CFR 1.76 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: □ Continuation □ Divisional □ Continuation-in-part (CIP) of prior application information: Examiner □ Continuation information information information information information information: Examiner □ Continuation information information information information information information: Examiner □ Continuation information inform	D. 📙					· · · · ·						
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  6. Application Data Sheet. See 37 CFR 1.76  18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:    Continuation   Divisional   Continuation-in-part (CIP)   of prior application No:/ Prior application information:   Examiner   Examiner   Art Unit:   For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  19. CORRESPONDENCE ADDRESS    Customer Number   OR	-	_'			ompleted)	, , ,						
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  6. Application Data Sheet. See 37 CFR 1.76  18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:  Continuation Divisional Continuation-in-part (CIP) of prior application No:/ Prior application information: Examiner	i. <u>L</u>											
1.63(d)(2) and 1.33(b).  6. Application Data Sheet. See 37 CFR 1.76  18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:    Continuation   Divisional   Continuation-in-part (CIP)   of prior application No: / Art Unit:  For CONTINUATION or DIVISIONAL APPS conty: The entire disclosure of the prior application information is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  19. CORRESPONDENCE ADDRESS    Customer Number   OR												
6. Application Data Sheet. See 37 CFR 1.76  17. Other:  18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No: Prior application information: Examiner For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  19. CORRESPONDENCE ADDRESS  Customer Number  Name Michael B. McNeil  Liell & McNeil Attorneys PC P.O. Box 2417  City Bloomington  State IN Zip Code 47402  Country USA  Telephone 812-333-5355 Fax 812-333-3173  Name (Print/Type) Michael B. McNeil Registration No. (Attorney/Agent) 35,949									lust attach form PTO/SB/35			
or in an Application Data Sheet under 37 CFR 1.76:  □ Continuation □ Divisional □ Continuation-in-part (CIP) of prior application No: □ / Prior application information: Examiner □ Art Unit:  For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  19. CORRESPONDENCE ADDRESS  □ Customer Number □ OR □ Correspondence address below  Name   Michael B. McNeil   Liell & McNeil Attorneys PC   Address   IN   Zip Code   47402   Country   USA   Telephone   812-333-5355   Fax   812-333-3173    Name (Print/Type)   Michael B. McNeil   Registration No. (Attorney/Agent)   35,949	6. 🗌 App	lication Data S	Sheet. See 37 (	CFR 1.76		17. 🗆	•	alont.				
or in an Application Data Sheet under 37 CFR 1.76:  □ Continuation □ Divisional □ Continuation-in-part (CIP) of prior application No: □ / Art Unit:  For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  19. CORRESPONDENCE ADDRESS  □ Customer Number □ OR □ Correspondence address below  Name   Michael B. McNeil    Liell & McNeil Attorneys PC    Address   P.O. Box 2417  City   Bloomington   State   IN   Zip Code   47402    Country   USA   Telephone   812-333-5355   Fax   812-333-3173  Name (Print/Type)   Michael B. McNeil   Registration No. (Attorney/Agent)   35,949												
Continuation   Divisional   Continuation-in-part (CIP) of prior application No:/ Prior application information: Examiner   Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be reiled upon when a portion has been inadvertently omitted from the submitted application parts.    Correspondence address below	18. If a CON	TINUING APPLI	CATION, check a	appropriate bo	x, and supply t	he requisite	information	below and in a	a preliminary amendment,			
Prior application information: Examiner Art Unit:  For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  19. CORRESPONDENCE ADDRESS  □ Customer Number □ Customer Numb			heet under 37 Ci	FR 1.76:								
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Customer Number         OR         Correspondence address below           Name         Michael B. McNeil         Liell & McNeil Attorneys PC           P.O. Box 2417         .         .           City         Bloomington         State         IN         Zip Code         47402           Country         USA         Telephone         812-333-5355         Fax         812-333-3173           Name (Print/Type)         Michael B. McNeil         Registration No. (Attorney/Agent)         35,949	is considered	d a part of the di	sclosure of the ac	companying or	divisional appi	ication and	is hereby inco	ch an oath or de rporated by ref	eciaration is supplied under Box 55, erence. The incorporation <u>can only</u>			
Name         Michael B. McNeil           Address         Liell & McNeil Attorneys PC           P.O. Box 2417         IN           City         Bloomington         State         IN         Zip Code         47402           Country         USA         Telephone         812-333-5355         Fax         812-333-3173           Name (Print/Type)         Michael B. McNeil         Registration No. (Attorney/Agent)         35,949				19. C	ORRESPON	DENCE AI	DDRESS					
Liell & McNeil Attorneys PC           P.O. Box 2417         P.O. Box 2417           City         Bloomington         State         IN         Zip Code         47402           Country         USA         Telephone         812-333-5355         Fax         812-333-3173           Name (Print/Type)         Michael B. McNeil         Registration No. (Attorney/Agent)         35,949	☐ Customer Number							OR 🛛 (	Correspondence address below			
Address         P.O. Box 2417           City         Bloomington         State         IN         Zip Code         47402           Country         USA         Telephone         812-333-5355         Fax         812-333-3173           Name (Print/Type)         Michael B. McNeil         Registration No. (Attorney/Agent)         35,949	Name	Michael B. Mc	Neil									
P.O. Box 2417												
State   IN   Zip Code   47402	71007000	P.O. Box 2417	7									
Country         USA         Telephone         812-333-5355         Fax         812-333-3173           Name (Print/Type)         Michael B. McNeil         Registration No. (Attorney/Agent)         35,949		Bloomington			State	IN		Zip Code	47402			
100 C 200 S A	Country	USA		Telepho	one	812-333-53	355	Fax	812-333-3173			
Signature Date 1-12-09	Name (Print/	Type)	Michael B. McN	eil	Re	egistration ∧	lo. (Attorney/A	gent)	35,949			
	Signature		1	13'	nj	21	1	Date	1-12-09			

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/for suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



## **FEE TRANSMITTAL** for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

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SUBMITTED BY

Name (Print/Type)

Signature

Michael B. McNeil

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Complete if Known								
Application Number								
Filing Date								
First Named Inventor	Coldren							
Examiner Name								
Art Unit								
Attorney Docket No.	03-184							

Complete (if applicable)

Telephone

812-333-5355

1-12-09

METHOD OF PAYMENT (check all that apply)						FEE CALCULATION (continued)								
M Chack						3. ADDITIONAL FEES								
☑ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order							•	Large	Entity	Small E	Entity			
Deposit Account:														
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Deposit							1051	130	2051	65	Surcharge - late filing fee or oath			
7.5555.11							1052	50	2052	25	Surcharge - late provisional filing fee			
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Account Name								1812	2,520	1812	2,520	For filing a request for reexamination		
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☐ Charge fe	ny add	itional fee(	s) duri	ing the p	ende	ency of th	is app		1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
Charge fe to the above-					r th	e filing fe	e		1251	110	2251	55	Extension for reply within first month	
to the above-	-idenai			CULATI	ON	-		-	1252	420	2252	210	Extension for reply within second month	
1. BAS	SIC FII	ING FEE	-	-		-	-		1253	950	2253	475	Extension for reply within third month	
Large Entity		mall Entity							1254	1,480	2254	740	Extension for reply within fourth	
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1001 770									1401	330	2401	165	Notice of Appeal	
1002 340	1002 340 2002 170 Design filing fee								1402	330	2402	165	Filing a brief in support of an appeal	
1003 530 2003 265 Plant filing fee									1403	290	2403	145	Request for oral hearing	
1004 770 2004 385 Reissue filing fee 1005 160 2005 80 Provisional filling fee								1451	1,510	1451	1,510	Petition to institute a public use proceeding		
1005   160 2005 80 Provisional filling fee								1452	110	2452	55	Petition to revive – unavoidable		
SUBTOTAL (1) (\$) 770						1453	1,330	2453	665	Petition to revive – unintentional				
						1501	1,330	2501	665	Utility issue fee (or reissue)				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE						1502	480	2502	240	Design issue fee				
Extra Fee from Fee Claims below Paid						1503	640	2503	320	Plant issue fee				
Total Claims	19	-20 **	= [		x i		] = [	0	1460	130	1460	130	Petitions to the Commissioner	
Independent		Ŧ	Ē		i		ī		1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	)
Claims	4	-3 **	= 1	1	×ļ	86	] = [	86	1806	180	1806	180	Submission of Information Disclosure Stmt	
Multiple Dependent    A Small Entity   A Small Entity   Small Entity   A S							0	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	40	
Large Entity   Small Entity Fee Fee Fee									1809	770	2809	385	Filing a submission after final rejection	,├
Code (\$) Code (\$) Fee Description								1				(37 CFR § 1.129(a))		
1202 1	· · · · · · · · · · · · · · · · · · ·								1810	770	2810	385	For each additional invention to be	
1201 8													examined (37 CFR § 1.129(b))	
1203 290 2203 145 Multiple dependent claim, if not paid							•	1801	770	2801	385	Request for Continued Examination (RCE)		
1204 86 2204 43 "Reissue independent claims over original patent						1802	900	1802	900	Request for expedited examination				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent							s of 20 and	of a design application  Other fee (specify)						
SUBTOTAL (2) (\$) 86							ced by Ba		g Fee Pa	aid SUBTOTAL (3) (\$) 40	<u> </u>			
**or number	**or number previously paid, if greater; For Reissues, see above													

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Registration No. (Attorney/Agent)

included on this form. Provide credit card information and authorization on PTO-2038.

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